

left thigh at the lower third, the right leg at the lower third and the right arm at the lower third. The patient made a good recovery, except that a button of bone had to be removed from the right leg two months later.

(2) A man, æt. 32, was run over by a loaded freight car crushing both legs at and a little above the knees and the right arm from the tips of the fingers to above the elbow. The left thigh at the middle third, the right thigh at the juncture of the middle and lower third and the right arm at the middle third were amputated by the modified circular operation. The man rallied well and recovered rapidly delayed only by a necrosis in the stump of the left thigh. In both cases two limbs were amputated simultaneously by the author and Dr. B. G. Copeland.—*Journal of the National Association of Railway Surgeons*, August, 1888.

JAMES E. PILCHER (U. S. Army).

#### TUMORS.

**I. Arborescent Lipoma of Sheaths of Tendons.** By H. HAECKEL. A case is related of this rare affection. The patient first noticed a pain in the left index finger three years before coming under observation. All the other fingers eventually became affected in a like manner, and at the same time a well defined swelling upon the dorsum of the finger occurred. This latter varied, at times increasing, and again lessening in size. Crepitation like that due to rice bodies was felt upon movement. The overlying skin was unchanged. Diagnosis, rice body hygroma of the sheaths of the tendons. Upon incision a honey-like fluid escaped. Tendon covered with a light yellow growth of soft consistence, with reddish-yellow spots. The growth was characterized by small prominences partly club-shaped partly grape-like, and with long pedicle.—*Centralblatt f. Chirurgie*, No. 17, 1888.

G. R. FOWLER (Brooklyn).

**II. On the Final Results of Cancers of the Face, with the Exception of Cancer of Lip.** By DR. OHREN (Wurzburg),

The author has carefully tabulated 72 cases of cancer of face which he has seen, from 1877 to 1887, under several heads:

1. Patients who died shortly after operation.
2. Patients who died from local recurrence.
- 2 a. Patients who, free from local recurrence, died from cancer of internal organs.
3. Patients now living, with local recurrence.
- 3 a. Patients who have been operated upon on account of local recurrence, and are now free from it.
4. Patients whose fate has remained unknown.
5. Patients who up to May, 1887, or up to death, have remained free from return of the disease.

This table can be summed up as follows:

1. Died soon after operation	-	-	-	-	-	3
2. Died from local recurrence	-	-	-	-	-	17
3. Died from carcinoma, internal organs	-	-	-	-	-	3
4. Living with local return	-	-	-	-	-	7
5. Living or died without return	-	-	-	-	-	31
6. Not heard from after operation	-	-	-	-	-	11
						—
						72

As to the localization of cancer of face, we find the favorite spot to be the lip, specially the lower lip; in 1111 cases of cancer of the face tabulated by Winiwater, Billroth and others, the disease occurred 609 times on the lip, while in the 502 remaining cases it was distributed as follows; nose 157, cheek and chin 143, eyelids 121, forehead and temporal region 81, ear 28 times. As is seen, the next most frequent place after the lip is the nose, specially the ala nasi. In the author's statistics of 72 cases of cancer of the face, the nose was involved 19 times, cheek 9, eyelids 10, temporal region 10, forehead 7, ear 5 times, chin 1, and one case whose starting point was unknown.

Statistics also prove that men are more subject to cancer of the face than women, almost in the proportion of 2 to 1. The author's statistics show that of the 72 cases 47 were men and 25 women.

Carcinoma in general is more frequent around the 60th year than at any other time of life.

In only two cases did Ohren find a reliable history of heredity.

At present it is extremely difficult to give the average period of life, for cases under consideration, when not treated, for nearly all patients have undergone some form of treatment, if not operated on, at least have been cauterized.

The question of recurrence is extremely interesting and important. It has been considered as a cure if the patient remained free from recurrence for a period of three years, though there are some cases of cancer of the face where a local return will take place as late as ten years after removal of original growth.

Thiersch has laid special stress on this point, that the interval between operation and recurrence is less after each successive operation.

Dr. Ohren found that the average period of life after operation on cancer of face was two years after removal of first recurrence. If growth was not removed when it returned the period of life was about two years and two months, whereas by repeated operations the patient's death took place about 16 months after first operation, and the time from the last operation till death was about five months. With each return the prospect of a cure by operation lessens.

The fate of all the patients operated on, in the doctor's statistics is as follows :

	No.	Per Cent.
I. Died after operation	3	4.2
II. Died from recurrence	20	27.8
III. Living with recurrence	7	9.7
IV. Result unknown	11	15.3
V. Died from inter current disease and without recurrence.	8	11.1
VI. Living free from recurrence	28	31.9
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Carcinoma of the face is relatively more benign than other carcinoma by the reason of its slow growth, and being at first very superficial

The results would be still better than at present (31.9% of cures) if the patient was operated on early, and if the anatomy of the part allowed a wide extirpation of the disease by removing much of the surrounding and apparently healthy tissues.—*Archiv f. klinische Chirurgie*. Bd. 37. Hft. 2.

F. C. HUSSON (New York)

**III. Enchondroma of the Shoulder.** By DR. GRISSON (Rostock). This is the history of a case of enchondroma of the shoulder involving the scapula and clavicle and extremity. The tumor was of very large size and had already been operated upon by Tredelenberg. The second operation in the clinic of Rostock was in every way successful. The case has already been published by Gies, (*Deutsch Zeitsch* bd. xvi). Enchondroma of the shoulder necessitating removal of the scapula, clavicle and extremity occurs only four times in the literature. Three of these cases recovered, the fourth (Thiersch) died after operation.—*Deutsch Zeitsch f. Chir.* bd. 27, heft 3 and 4.

HENRY KOPLIK (New York).

#### GYNECOLOGICAL.

**I. Congenital Deficiency of the Recto-Vaginal Septum. Operation; Cure.** By DR. McMORDIE (Belfast). The patient, æt; 25 years, single, gave the following history. Catamenia appeared at the age of 16, and since then she had not menstruated more than seven times. Under an anæsthetic the vagina was found to be very small, and the hymen intact. A finger of one hand being passed into the vagina, lumps of hardened faeces were found in the upper part close to the cervix uteri. A finger of the other hand being introduced into the rectum, it passed through an opening in the vaginal septum, and met the other finger in the vagina. The opening was about the size of a sixpence and about one inch from the anus. The edges were freely pared toward the vagina and brought together with silver wire. After three weeks she was discharged cured, the union being perfect.—*Lancet*, July 28, 1888.

H. PERCY DUNN (London).